



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER ENROLLMENT PACKET



Dear Department of Labor - OWCP Submitter,

In conjunction with the Department of Labor's Provider enrollment initiative, we at ACS EDI Gateway Inc. are enrolling submitters who wish to submit their transactions electronically. The purpose of the following enrollment form is to obtain information on how you plan to submit transactions electronically to ACS. Please fill out all appropriate sections as indicated by the checklist on page 2 of the enrollment form.

In addition to the enrollment form, the attached Trading Partner Agreement must be completed and returned to the DOL Provider Enrollment Unit in Tallahassee, FL.

If you have any questions about the ACS EDI Gateway enrollment form or EDI Trading Partner Agreement contact the EDI Support Unit at 800-987-6717, Monday-Friday 8 a.m.- 8 p.m. EST.

ACS EDI Gateway, Inc.



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER ENROLLMENT FORM



EDI Trading Partner Enrollment Form - Please print or type. Complete all areas of the enrollment form, unless otherwise indicated.

Requirements Checklist by Submission Type - The following checklist indicates which sections need to be completed for each submission type.

Section Number	Section Title	Submission Type				
		Provider	Group Provider	Software Vendor	Clearinghouse	Billing Agent
1	Submitter Information	✓	✓	✓	✓	✓
2	Submitter/Trading Partner ID Number	✓	✓	✓	✓	✓
3	Contact Information	✓	✓	✓	✓	✓
4	Software Vendors			✓		
5	SV/CH/BA Info	✓	✓	✓	✓	✓
6	Submitter Type	✓	✓	✓	✓	✓
7	Transactions	✓	✓	✓	✓	✓
8	Submission Method	✓	✓	✓	✓	✓
9	Delimiter Information	✓	✓	✓	✓	✓
10	Electronic Report Retrieval	✓	✓		✓	✓
11	Terms and Signature	✓	✓	✓	✓	✓



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER ENROLLMENT FORM



Please indicate your classification:

Provider ☐ Group Provider ☐ Software Vendor (SV) ☐ Clearinghouse (CH) ☐ Billing Agent (BA) ☐

1.Submitter/Vendor Information

Submitter Name

Business Address

City, State and Zip Code

Telephone

Fax

Provider Number

Group Provider Number

EIN

Provider Specialty

Email Address

2. Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions directly to ACS EDI Gateway, Inc., please indicate your 5-digit Submitter ID or 6-digit Trading Partner ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

3. Contact Information

Please indicate contact information, if different from Submitter in Section 1:

Primary Contact Name

Primary Contact Title

Business Address

City, State and Zip Code

Telephone

Fax

Email Address



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER ENROLLMENT FORM



3. Contact Information Continued

<i>Secondary Contact Name</i>		<i>Secondary Contact Title</i>
<i>Business Address</i>		
<i>City, State and Zip Code</i>		
<i>Telephone</i>		<i>Fax</i>
<i>Email Address</i>		

4. Software Vendor

If you have indicated that you are a Software Vendor in Section 1, please provide the following information:

<i>Software Name:</i>	<i>Software Version:</i>
<i>Do you currently have clients submitting to ACS EDI?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Software Vendor/Billing Agent/Clearinghouse Information

If you are a submitter and plan to use the services of a Software Vendor, Billing Agent or Clearinghouse to submit your bills electronically to ACS EDI, please indicate the following information:

<i>What type of service will you use?</i>	<input type="checkbox"/> <i>Software Vendor (SV)</i>	<input type="checkbox"/> <i>Billing Agent (BA)</i>	<input type="checkbox"/> <i>Clearinghouse (CH)</i>
<i>SV/CH/ BA Name</i>		<i>Contact name</i>	
<i>Business Address</i>			
<i>City, State and Zip Code</i>			
<i>Telephone</i>		<i>Fax</i>	
<i>Email Address</i>			

6. Submitter Type

Please check the appropriate submitter type below:

<input type="checkbox"/> I will submit bills via a vendor software	<input type="checkbox"/> I am a Clearinghouse submitting on behalf of my clients.
<input type="checkbox"/> My Clearinghouse will submit to ACS on my behalf.	<input type="checkbox"/> I am a Billing Agent submitting on behalf of my clients.
<input type="checkbox"/> My Billing Agent will submit to ACS on my behalf.	<input type="checkbox"/> I am a Software Vendor providing services to my clients.

Please return completed forms via Mail or Fax to: (850) 201-1964
DOL ENROLLMENT DEPARTMENT PO Box 14600, Tallahassee FL. 32317-4600
(Incomplete forms will cause a delay in processing and are subject to return)



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER ENROLLMENT FORM



7. Transactions

Please check the appropriate transaction type(s) below:

7a. NON-STANDARD TRANSACTIONS	7b. X12N TRANSACTIONS
NSF v3.1 <input type="checkbox"/>	X12N 837P (Professional Claim) <input type="checkbox"/>
UB92 v5.0 <input type="checkbox"/>	X12N 837D (Dental Claim) <input type="checkbox"/>
	X12N 837I (Institutional Claim) <input type="checkbox"/>

8. Submission Method

Please check the appropriate submission method(s) below:

<input type="checkbox"/> ASYNC	<input type="checkbox"/> Web portal
--------------------------------	-------------------------------------

9. Delimiter Information

If you are submitting X12N transactions, please provide the following. Providers may need to contact their SV, BA or CH for this information. (If nothing is entered the default delimiter will be used):

Element Delimiter to be used: Default Delimiter (asterisk)	Segment Delimiter to be used: Default Delimiter (tilde)	Sub-Element Delimiter to be used: Default Delimiter (colon)
<input type="text" value="*"/>	<input type="text" value="~"/>	<input type="text" value=":"/>

10. Electronic Report Retrieval

Are you interested in retrieving your transaction reports electronically via ACS EDI Gateway's Data Exchange Mailbox System? ☐ Yes ☐ No

If yes, who will retrieve your reports electronically?

☐ I will retrieve my reports.

☐ My Billing Agent will retrieve reports on my behalf.

My Billing Agent's 6-digit Trading Partner ID or 5-digit Submitter ID is:

☐ My Clearinghouse will retrieve reports on my behalf.

My Clearinghouse's 6-digit Trading Partner ID or 5-digit Submitter ID is:

☐ I am a Billing Agent retrieving reports on behalf of my client.

My 6-digit Trading Partner ID or 5-digit Submitter ID is:

☐ I am a Clearinghouse retrieving reports on behalf of my client.

My 6-digit Trading Partner ID or 5-digit Submitter ID is:

Which of the following reports will you receive electronically?

997- Functional Acknowledgement <input type="checkbox"/>	824- Business Edit Error Report <input type="checkbox"/>
835- Healthcare Claim Payment Advice <input type="checkbox"/>	Exception Report <input type="checkbox"/>



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER AGREEMENT



ACS EDI GATEWAY
TRADING PARTNER AGREEMENT

THIS TRADING PARTNER AGREEMENT ("Agreement") is by and between **SUBMITTER** ("Submitter") and **ACS EDI GATEWAY, INC.** ("Trading Partner"), collectively "the Parties."

Whereas, Submitter desires to transmit Transactions to Trading Partner for the purpose of submitting data to a Health Plan;

Whereas, Business Associate desires to receive such Transactions for this purpose recognizing that Business Associate performs such services on behalf of the Health Plan; and

Whereas, Submitter is subject to the Transaction and Code Set Regulations with respect to the transmission of such Transactions.

Now, therefore, the Parties agree as follows:

1. Definitions

Trading Partner means ACS EDI Gateway, Inc.

Submitter means the party identified as "Submitter" on the signature line of this Agreement who is a Health Care Provider as defined in 45 CFR 164.103.

Standard is defined in 45 CFR 160.103.

Transaction is defined in 45 CFR 160.103.

Transactions and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by DHHS under HIPAA.

2. Obligations of the Parties Effective Upon Execution of this Agreement by Submitter

A. The Parties agree, in regard to any electronic Transactions between them:

- (1) They will exchange data electronically using only those Transaction types as selected by Submitter on the ACS EDI Gateway Trading Partner Enrollment Form (TPEF).
- (2) They will exchange data electronically using only those formats (versions) as specified on the TPEF.
- (3) They will not change any definition, data condition, or use of a data element or segment in a Standard Transaction they exchange electronically.
- (4) They will not add any data elements or segments to the Maximum Defined Data Set.
- (5) They will not use any code or data elements that are not in or are marked as "Not Used" in a Standard's implementation specification.
- (6) They will not change the meaning or intent of a Standard's implementation specification.



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER AGREEMENT



(7) Trading Partner may reject a Transaction submitted by Submitter if the Transaction is not submitted using the data elements, formats, or Transaction types set forth in the TPEF. Trading Partner may refuse to accept any claims from Submitter if Submitter repeatedly submits Transactions which do not meet the criteria set forth in a TPEF or if Submitter repeatedly submits inaccurate or incomplete Transactions to Trading Partner.

B. Submitter understands that Trading Partner or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Submitter will participate fully with Trading Partner in the testing, verification, and implementation of a modification to a Transaction affected by the change.

C. Trading Partner understands that DHHS may modify the Transaction and Code Set Regulations. Trading Partner will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Submitter and Trading Partner.

D. Neither Submitter nor Trading Partner accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Submitter and Trading Partner.

E. Submitter and Trading Partner will exercise diligence in protection of the identity, content, and improper access of business documents exchanged between the two parties. Submitter and Trading Partner will make reasonable efforts to protect the safety and security of individually assigned identification numbers that are contained in transmitted business documents and used to authenticate relationships between the parties.

F. Trading Partner may publish data clarifications ("ACS Companion Guides") to complement each Implementation Guide. Submitter should use ACS Companion

Guides in conjunction with the HIPAA Implementation Guides available at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

G. Transactions are considered properly received only after accessibility is established at the designated machine of the receiving party. Once transmissions are properly received, the receiving party will promptly transmit an electronic acknowledgment that conclusively constitutes evidence of properly received transactions. Each party will subject information to a virus check before transmission to the other party.

H. Each party will implement and maintain appropriate policies and procedures and mechanisms to protect the confidentiality and security of PHI transmitted between the parties.

3. Miscellaneous

A. This Agreement is effective on the date last signed below. This Agreement shall continue until such time as either party elects to give written notice of termination to the other party or termination of Transaction services provided by Trading Partner to Submitter, whichever is earlier.

B. This Agreement incorporates, by reference, any written agreements between the parties relating to the subject matter hereof.



Department of Labor-OWCP
**ELECTRONIC DATA INTERCHANGE
TRADING PARTNER AGREEMENT**



- C. This Agreement shall be interpreted consistently with all applicable federal and state privacy laws. In the event of a conflict between applicable laws, the more stringent law shall be applied. This Agreement and all disputes arising from or relating in any way to the subject matter of this Agreement shall be governed by and construed in accordance with Florida law, exclusive of conflicts of law principles. THE EXCLUSIVE JURISDICTION FOR ANY LEGAL PROCEEDING REGARDING THIS AGREEMENT SHALL BE IN THE COURTS OF THE STATE OF FLORIDA AND THE PARTIES HEREBY EXPRESSLY SUBMIT TO SUCH JURISDICTION.
- D. Unless otherwise prohibited by statute, the parties agree that this Agreement shall not be affected by any state's enactment or adoption of the Uniform Computer Information Transaction Act, Electronic Signature or any other similar state or federal law. Each party agrees to comply with all other applicable state and federal laws in carrying out its responsibilities under this Agreement.
- E. This Agreement is entered into solely between, and may be enforced only by, Submitter and Trading Partner. This Agreement shall not be deemed to create any rights in third parties or to create any obligations of Submitter or Trading Partner to any third party.
- F. NO WARRANTIES, EXPRESS OR IMPLIED, ARE PROVIDED BY TRADING PARTNER UNDER THIS AGREEMENT. TRADING PARTNER'S MAXIMUM AGGREGATE LIABILITY FOR DAMAGES FOR ANY AND ALL CAUSES WHATSOEVER ARISING OUT OF THIS AGREEMENT, REGARDLESS OF THE MANNER IN WHICH CLAIMED OR THE FORM OF ACTION ALLEGED, IS LIMITED TO THE AMOUNT(S) PAID TO TRADING PARTNER BY SUBMITTER UNDER THIS AGREEMENT.
- G. Trading Partner may provide proprietary software to Submitter to allow Submitter to submit Transactions to Trading Partner. Submitter will protect the software as it protects its own confidential information and will not, directly or indirectly, allow access to or the use of the software or any portion thereof, on any computer, server, or network, by any person, corporation, or business entity other than Submitter. Submitter may permit use of the software by contractors or agents of Submitter provided that any such contractors or agents are not competitors of Trading Partner and further provided that any such persons agree to protect the confidentiality of the software. Submitter and its contractors and agents are not permitted to use the software for any purpose other than submitting Transactions solely to Trading Partner.
- H. This Agreement contains the entire agreement between the parties and may only be modified by an agreement signed by both parties.



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
TRADING PARTNER AGREEMENT



- I. Submitter may elect to execute either a hard copy or an electronic copy of this Agreement. Hard Copy Execution: Submitter will sign a hard copy of this Agreement and mail to Trading Partner at the address indicated below. Trading Partner will return a copy of the fully executed Agreement to Submitter. The effective date of the hard copy Agreement is the date on which the Agreement is signed by Trading Partner. Electronic Copy Execution: Submitter should execute this Agreement by clicking on the "I AGREE" button that appears at the bottom of the Agreement. The effective date of the electronic copy agreement is the date Trading Partner receives the electronic transmission of Submitter's acceptance to the terms of this Agreement.

SUBMITTER:

Signature

Printed Name and Title

Date

DOL PROVIDER ENROLLMENT

Attention: ACS EDI Enrollment

PO Box 14600

Tallahassee FL. 32317-4600

Signature

Printed Name and Title

Date



Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE
FOR INTERNAL USE ONLY



Department of Labor Use Only (Do not write in this section)

☐

Approved

☐

Disapproved

Approved/Disapproved By

EDI Submitter ID

Password

EDI Specialist

Date Activated

Provider Number

For Internal Use